



Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: ZYMOGENETICS, INC.

Application No. 10/068,725

Filed: February 6, 2001

Title: ANTIBODIES THAT BIND BOTH BCMA AND TACI

Attorney Docket No. 01-04

Art Unit: 1642

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
MICHELLE L. JOHNSON	36,352

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Name	ROBYN ADAMS		
Signature	<i>Robyn Adams</i>	Date	<i>Sept 24, 2004</i>
Registration Number	44,495	Telephone	206-442-6752

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.